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FAS-10
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U.S. DEPARTMENT OF AGRICULTURE
Foreign Agricultural Services

FAS FLEXIPLACE WORK AGREEMENT

1. The following constitutes an agreement between:

Employee's Name:	Agency/Division/Branch:
Social Security No.:	Grade:
Official Duty Station:	Telephone No.:
Supervisor's Name:	Supervisor's Telephone No.:

2. Employee requests the following type of flexiplace with the following beginning and ending dates:

Type of Flexiplace	Begin Date	End Date
Long-Term Off-Site		
Long-Term Fixed Schedule		
Intermittent (<i>Single Use or Recurring</i>)		
Medical		

3. Employee's Alternate Work Location:

Select: <input type="checkbox"/> Home <input type="checkbox"/> Telecommuter Center	Address:	Telephone No.:	FAX No.:
		E-Mail Address:	
NOTE: If applying for flexiplace outside of your official duty station, or local commuting area, please attach justification.		Emergency Dismissal Guidance:	

4. Alternate Work Location Schedules:

A. Long Term With A Fixed Schedule:

Scheduled Workdays Each Workweek	Week One Work Location	Week Two Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

*Available for medical flexiplace only.

B. Intermittent Schedule - Describe employee work schedule:

(For example: Jane Doe will work at home 2 days every 3rd week of the month to complete monthly estimate reports).

5. Approvals: Employee volunteers to participate in the flexiplace program and to adhere to applicable Union Contract, guidelines, and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.

Employee:	Date:
Supervisor (<i>Associate Administrator Must Approve Long-Term Off-Site</i>):	Date:
HRD-Flexiplace Coordinator (<i>only for medical flexiplace</i>):	Date:

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